Attorney's Docket No. RA 5621						
	COMBINED DECLARATION AND POWER OF ATTORNEY					
As a be	As a below named inventor, I hereby declare that:					
	TYPE OF DECLARATION					
This de	eclaration is of the following type:					
Ø	original					
	design					
	supplemental					
	divisional					
	continuation					
	continuation-in-part (CIP)					
	INVENTORSHIP IDENTIFICATION					
origina plural	sidence, post office address and citizenship are as stated below next to my name, I believe I am the al, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if names are listed below) of the subject matter which is claimed and for which are a patent is sought invention entitled:					
	TITLE OF INVENTION - TRANSPORTATION SECURITY SYSTEM AND METHOD THAT SUPPORTS INTERNATIONAL TRAVEL					
	SPECIFICATION IDENTIFICATION					
the spe	ecification of which: (complete (a), (b) or (c))					
(a)	☑ is attached hereto and					
(b)	□ was filed on as Serial Number No or □ Express Mail No., as Serial No. not yet known					
	A CONTROL ED CAMENTE OF DEVIEWA OF DADEDS AND DUTY OF CANDOD					

# ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I reviewed and understand the contents of the above-identified specification, including the claims, as amended by an amendment referred to above.

I acknowledge the duty to disclose information

which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56
 and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable examiner would consider it important in deciding whether to allow the application to issue as a patent, and

☐ In compliance with this duty there is attached an information disclosure statement in accordance with 37 CFR 1.98.

#### POWER OF ATTORNEY

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

<u>Name</u>	<u>Title</u>	Registration Number	
Charles A. Johnson	Attorney at Law	20,852	
Beth L. McMahon	Attorney at Law	41,987	
Mark T. Starr	Attorney at Law	28,762	

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DIRECT TELEPHONE CALLS TO:

(Name and telephone number)

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## **DECLARATION**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

#### SIGNATURE(S)

Full name of	first inventor <u>RAYM</u>	OND V. CALVESIO		
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## RECORDATION FORM COVER SHEET PATENTS ONLY

To the Honorable Commissioner of Patents and Trademarks. Please record the attached original documents or copy thereof. 1. Name of conveying party(ies): 2. Name and address of receiving party(ies): **Unisys Corporation** Raymond V. Valvesio Beth L. McMahon Michael Glavan M.S. 4773 John A. Olson PO Box 64942 Virgil V. Polinske St. Paul, MN 55164 Additional name(s) & address(es) attached? ☐ Yes ☑ No 3. Nature of Conveyance: ☑ Assignment ☐ Change of Name □ Merger □ Security Agreement □ Other Additional name(s) of conveying party(ies) attached? Execution Date: \_\_\_\_08 14 Yes ☑ No 4. Application number(s) or patent number(s): If this document is being filed together with a new application, the execution date of the application is: August 18, 2003. A. Patent Application No.(s) RA-5621 B. Patent No.(s) Additional numbers attached? 

Yes ☑ No 5. Name and address of party to whom 6. Total number of applications and patents involved: correspondence concerning document should be mailed: **UNISYS** Corporation 7. Total fee (37 CFR 3.41) \$ 40.00 Attn: Beth L. McMahon **Enclosed** M.S. 4773  $\square$ Authorized to be charged to Deposit Account PO Box 64942 St. Paul, MN 55164 8. Deposit Account Number: 19-3790 Statement and signature. To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.

Beth L. McMahon Name of Person Signing

8/18/03

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